

<input checked="" type="checkbox"/> J	Rejected	<input type="checkbox"/> -	(Through numeral) Cancelled	<input type="checkbox"/> N	Non-Elected	<input type="checkbox"/> A	Appeal
=	Allowed	+	Restricted	I	Interference	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
4		S1		101	
5		S2		102	
6		S3		103	
7		S4		104	
8		S5		105	
10		S6		106	
11		S7		107	
12		S8		108	
14		S9		109	
15		S0		110	
16		61		111	
17		62		112	
18		63		113	
20		64		114	
21		65		115	
22		66		116	
23		67		117	
24		68		118	
25		69		119	
26		70		120	
27		71		121	
28		72		122	
29		73		123	
30		74		124	
31		75		125	
32		76		126	
33		77		127	
34		78		128	
35		79		129	
36		80		130	
37		81		131	
38		82		132	
39		83		133	
40		84		134	
41		85		135	
42		86		136	
43		87		137	
44		88		138	
45		89		139	
46		90		140	
47		91		141	
48		92		142	
49		93		143	
50		94		144	
		95		145	
		96		146	
		97		147	
		98		148	
		99		149	
		100		150	